02-1306

JEW 2145

					PTO/SB/21 (09-94)	
			Application Number	10/070,326		١
	TRANSMITTAL		Filing Date	June 11, 2002	OIPE	
	FORM		First Named Inventor	Sesmun, Amardiya	包	_
			Art Unit	2145	FEB 0 9 2006 B	
	(to be used for all correspondence after initial fi	iling)	Examiner Name	Jeffrey R. Swearingen	17	_
	Total Number of Pages in This Submission	104	Attorney Docket Number	040025-000000US	TRANSLANDE V	/

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ENCLOSURES (Check all that apply)												
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement			Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addre Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD			After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): Return Postcard						
Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53				Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.								
			SIGNA	TURE	OF APPLICANT,	ATTORNEY	, OR AGEN	T				
Firm Name Townsend and Townsend and Crew LLP Signature												
Printed	d name	Micho	el Drapkin	THE STATE OF THE S			100.					
D. f.			uary 9, 2006			Reg. No.	55,127	55,127				
CERTIFICATE OF TRANSMISSION/MAILING Express Mail Label: EV 780616950US												
I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to Address" service under 37 CFR 1.10 on this date February 9, 2006 and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.												
Signature Xan Outlan												
		Kay Barclay	-			· · ·	Date	February 9, 2006				

Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/070,326 **Application Number** FEE TRANSMITTAL Filing Date June 11, 2002 FEB 0 9 2006 For FY 2006 First Named Inventor Sesmun, Amardiva Jeffrey R. Swearing **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2145 TOTAL AMOUNT OF PAYMENT (\$) 180040025-000000US Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES **EXAMINATION FEES FILING FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) 100 500 250 200 Utility 300 150 Design 200 100 100 50 130 65 300 150 160 80 Plant 200 100 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) **Fee Description** Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims **Total Claims** Fee Paid (\$) Multiple Dependent Claims **Extra Claims** Fee (\$) Fee Paid (\$) -20 or HP = Fee (\$) HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) -3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) **Total Sheets Extra Sheets** Fee Paid (\$) (round up to a whole number) x - 100 = / 50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: Submission of Information Disclosure Stmt 180 SUBMITTED BY Registration No. 303-571-4000 Signature 55,127 Telephone (Attorney/Agent) February 9, 2006 Name (Print/Type) Michael L. Drapkin